



OFFICE USE ONLY		Program: PCA		# Hours:										
CLIENT:				EMPLOYEE:										
Client/Employee signatures verify that hours worked and services provided are accurately documented here. MONTH: _____ YEAR: _____				DAY	Mon	Tue	Wed	Thur	Fri	Sat	Sun	TOTAL HOURS		
				DATE:										
				Time In										
				Time Out										
HOURS WORKED														
Activities Completed with Client				Initials		Notes: Please list activities you have done with client that are not bullet listed on this time sheet.								
GROOMING														
BATHING														
CLEAN BATHROOM														
EATING														
MOBILITY														
TOILETING														
LAUNDRY														
MEAL PREPARATION: B L D														
APPETITE: GOOD FAIR POOR														
SOCIALIZATION														
LIGHT HOUSEKEEPING														
RECREATION														
HEALTH/WELLNESS/SAFETY														
PLAY TIME														
COMMUNITY SAFETY														
SUPERVISION														

Client Signature: _____ For the Week of: _____

Responsible Party/Guardian Signature: _____

Employee Signature: _____

TIME SHEETS ARE DUE THE END OF LAST WORK DAY OF THE WEEK: FAX THEM TO 952-953-0187 OR EMAIL THEM TO abdifatah.kofiro@independentlivingpartners.com. THANK YOU.